

**MINUTES
of the
SECOND MEETING
of the
MILITARY AND VETERANS' AFFAIRS COMMITTEE**

**July 16, 2014
Science and Technology Center, Room 200
University of New Mexico-Gallup**

The second meeting of the Military and Veterans' Affairs Committee, which was held as a joint meeting with the Indian Affairs Committee, was called to order by Representative Rodolpho "Rudy" S. Martinez, co-chair, on July 16, 2014 at 9:20 a.m. in Room 200 of the Science and Technology Center at the Gallup branch campus of the University of New Mexico (UNM).

Present

Rep. Rodolpho "Rudy" S. Martinez,
Co-Chair
Sen. Richard C. Martinez, Co-Chair
Rep. Nathan "Nate" Cote
Rep. Bob Wooley

Absent

Sen. William F. Burt
Rep. Dianne Miller Hamilton
Sen. Daniel A. Ivey-Soto
Sen. William H. Payne

Advisory Members

Rep. Eliseo Lee Alcon
Rep. Thomas A. Anderson
Sen. Carlos R. Cisneros
Sen. Cliff R. Pirtle
Rep. Jeff Steinborn

Sen. Craig W. Brandt
Rep. George Dodge, Jr.
Rep. Yvette Herrell
Sen. Timothy M. Keller
Sen. John Pinto
Rep. Dennis J. Roch
Rep. Edward C. Sandoval

Membership Note

Senator Pirtle was appointed by the president pro tempore of the senate to serve as a voting member of the Military and Veterans' Affairs Committee during the meeting.

Staff

Jeret Fleetwood, Researcher, Legislative Council Service (LCS)
Peter Kovnat, Staff Attorney, LCS
Kathleen Dexter, Researcher, LCS

Guests

The guest list is in the meeting file.

Handouts

Copies of all handouts and other written testimony are in the meeting file.

Wednesday, July 16

Welcome

Christopher Dyer, Ph.D., executive director, UNM-Gallup, welcomed the committees and explained various initiatives on the campus that benefit Native American and veteran students. The school administration actively recruits students from the Navajo Nation, and the campus' diverse population is reflected in the 14 languages other than English that are spoken by students. A veterans' center will open in the fall semester on campus, with counseling services provided at the center through a collaborative effort with Western New Mexico University. Included among the campus' veteran-specific projects are a program that incorporates gardening as part of treatment for posttraumatic stress disorder (PTSD) and a work force development initiative, in collaboration with a national nonprofit organization, that helps veterans access federal grants.

On questioning, Dr. Dyer was joined by Mathew Muñoz, government relations specialist, UNM, and Calvert Curley, field representative for United States Senator Tom Udall, to clarify that:

- there are veterans' centers on UNM's main campus in Albuquerque and its branch campus in Taos;
- UNM-Gallup conducts outreach in rural communities and collaborates with local veterans organizations such as Veterans Helping Veterans; and
- Senator Udall's office is working with UNM-Gallup, the federal Department of Veterans Affairs (VA) hospital and VA clinics to develop and expand programs for veterans.

LoRenzo Bates, speaker pro tem of the Twenty-Second Navajo Nation Council, and Leonard Tsosie, former New Mexico legislator and current Navajo Nation Council delegate, also welcomed the committees and thanked legislators and the governor for recent highway funding and firefighting support. They urged committee members to revise the state's one-size-fits-all approach to gaming compacts; address double taxation of mining operations on Navajo land; and revisit provisions from a vetoed 2014 bill concerning school transportation for Native American students.

Health Care for Native American Veterans

Jason Sandel, New Mexico Health Insurance Exchange (NMHIX) board member; Scott J. Atole, Native American coordinator, NMHIX; Jim Toya, American Indian veterans program coordinator, New Mexico VA health care system; Anslem Roanhorse, chief executive officer, Crownpoint health care facility, Indian Health Service (IHS); and Leonard Thomas, M.D., chief medical officer, Albuquerque Area IHS, gave presentations on health care issues for Native American veterans as addressed by their respective agencies.

The NMHIX, which was created in law in 2013, serves as a central point of contact for individuals and businesses seeking health care coverage under the federal Patient Protection and Affordable Care Act (ACA). To date, the NMHIX has operated via the federal exchange; in late July, however, the NMHIX board will decide whether to continue operating through the federal exchange or to activate the state's own exchange and web site in November. If the state hosts its own exchange, everyone who signed up for coverage through the federal exchange in the last year will be disenrolled from their coverage and will need to re-enroll through the NMHIX.

Native Americans are not required under the ACA to obtain health coverage, though the NMHIX has been encouraging them to enroll, in part because the services they receive through the IHS are not considered "qualified coverage" under the ACA. This lack of standing as qualified coverage, which is currently under review by the NMHIX board, puts businesses that employ Native Americans at risk of violating the ACA's minimum coverage requirements. As part of its efforts to inform and enroll Native Americans, the exchange has established a Native American outreach network that includes Native American Professional Parent Resources, Incorporated (NAPPR), which sends health care guides into tribal communities to explain health care options.

Veterans are also not required to obtain health insurance under the ACA because VA coverage is considered qualified coverage, though veterans may enroll in private coverage through the NMHIX if they choose. Veterans' family members, however, generally are not covered by the VA or its associated programs and may obtain coverage through the NMHIX.

Native Americans who are veterans are eligible for services under both the IHS and the VA; however, the two systems have not historically shared health care information or worked smoothly in tandem. A recent memorandum of understanding between the two agencies incorporates several objectives aimed at correcting these and other problems, including reimbursement to the IHS for services provided to Native American veterans — a critical issue because the IHS is underfunded by nearly one-half. The VA is now training IHS personnel to identify veterans and steer them into the VA system and training tribal representatives to conduct outreach in rural communities. The Navajo Area IHS system is working with the NMHIX to implement the ACA and has received inquiries lately regarding private health coverage and Medicaid enrollment. Native Americans who remain in the IHS system have access to certain culturally sensitive programs, including a program that incorporates traditional healing to help veterans reintegrate following deployment.

On questioning, the presenters, committee members and Alan Martinez, deputy secretary of veterans' services, who spoke from the audience on invitation of the chairs, addressed the following topics.

Medicaid. A Native American veteran whose income is no more than 138% of the federal poverty level (FPL) qualifies for Medicaid. Anyone whose income exceeds 138% of the FPL but is less than 400% of the FPL qualifies for a subsidy to purchase private health insurance.

Albuquerque Area IHS. The Albuquerque Area IHS currently serves 86,000 patients from 27 tribes on a budget of \$4.4 billion, which is approximately 60% of the agency's need. To fill the budget gap, the agency is increasingly going after reimbursement from the VA, Medicaid and Medicare and encouraging eligible patients to enroll for services in those systems.

VA-IHS interaction and collaboration. Not all services provided by the IHS qualify for VA reimbursement, and some services are not available through either the IHS or the VA — patients are referred elsewhere for those. The VA makes certain loans to the IHS, such as a loan in 2005 for purchasing x-ray equipment. The IHS and VA jointly host an annual symposium for veterans regarding benefits; this year's symposium will be held on November 16.

PTSD, behavioral health and substance abuse treatment. The VA is focusing on new approaches to PTSD treatment for veterans, including traditional healing. The VA trains tribal first responders and providers to recognize signs of PTSD and will soon expand the training to family members. PTSD treatment and other behavioral health services are available to varying degrees in all plans offered through the NMHIX, and certain behavioral health services are available through the VA to veterans' family members.

Health care guides. NAPPR currently employs 30 health care guides to help Native Americans enroll in the NMHIX and is in the process of hiring 50 additional guides, all of whom speak Navajo, to begin working on the Navajo Nation in August. The guides are trained to explain all choices available — private insurance, VA, IHS, Medicaid and Medicare.

NMHIX enrollment. The goal for the NMHIX initial enrollment period in the winter of 2013-2014 was 84,000; actual enrollment for that period was 34,000. Veterans are not restricted to the exchange's open enrollment period and may enroll at any time during the year. Native American enrollment outreach efforts cover urban as well as tribal areas.

Community-based outpatient clinic (CBOC). The IHS does not have a CBOC in the Navajo Nation, and a recent request for a CBOC was denied even though the facility potentially would serve more than 11,000 Native American veterans.

Tribal veteran services. New Mexico's system of tribal veteran service officers helps veterans access health care, housing and other services — a system that might be unique among states. The NMHIX is considering adding a Native American liaison to work with the VA and the IHS and adding links on its web site to the Veterans' Services Department (VSD) and tribal groups.

Traditional healing. Traditional healing is used in various treatments covered by the VA and the IHS, but some private insurance companies in the NMHIX do not pay for such treatments. The NMHIX plans to address the issue. The state's veteran jail diversion project, which requires participants to undergo substance abuse treatment, allows veterans to seek

treatment either through the VA or through traditional healing.

As follow-up to the discussion:

- ★ Mr. Sandel will provide:
 1. the NMHIX board's final decision on whether it will recognize IHS services as qualified coverage;
 2. the percentage of New Mexicans covered by Medicaid and by private insurance, including a comparison of New Mexico against other states on the issue;
 3. the percentage of New Mexicans enrolled in Medicaid versus those who qualify for Medicaid but are not enrolled, including a comparison of New Mexico against other states on this issue;
 4. the percentage of New Mexico veterans whose entire health care needs are met by the VA; and
 5. the percentage of Native American veterans who are not receiving the care they were promised when they joined the military, including a comparison of New Mexico against other states on this issue;
- ★ Mr. Toya will provide:
 1. information on the VA's veterans justice outreach program, including information on Native Americans in the program and the services provided;
 2. a list of the VA's tribal veteran representatives and their phone numbers;
 3. the number of Native American veterans served at VA facilities in New Mexico; and
 4. information on VA transportation available to veterans;
- ★ Indian Affairs Committee staff will invite a representative from NAPPR to make a presentation at the committee's next meeting on the new health care guides hired for outreach in the Navajo Nation; and
- ★ Mr. Curley will convey to Senator Udall a request for expansion of services to Native American veterans in western and northwestern New Mexico.

Minutes

On a motion duly made, seconded and unanimously adopted, the minutes from the June 18, 2014 meeting of the Military and Veterans' Affairs Committee were approved.

Public Comment

Henry Haskie, M.S., Navajo Division of Health (NDOH), spoke about a proposed veterans' wellness initiative that would establish a transitional housing facility in the Navajo Nation for Navajo veterans. The initiative is a collaborative effort among the NDOH and various tribal and federal agencies. He also spoke in favor of enacting federal legislation similar to the Older Americans Act of 1965, with a focus on Native American communities.

Jackson Gibson, a veteran, described problems he has had accessing services and obtaining travel reimbursements from the VA, and he noted that although the VA referred him to a local dental clinic for treatment in May, the clinic has still not received authorization from the VA to proceed with that treatment.

Franklin Freeland, M.D., commander of the Eastern Navajo Veterans Organization, spoke of the differences between the IHS and the VA systems as they apply to Native American veterans. He presented several proposals to improve services for Navajo veterans and their families, including establishment of a veterans' center in the area and purchase of a mobile outreach vehicle. Speaking from the audience on invitation of the chair, Timothy Hale, secretary of veterans' services, noted that the VSD is discussing with the VA an expansion of rural outreach efforts and is working with the National Guard of New Mexico to develop a "one-stop shop" for accessing information on veterans' services. He also described the VSD's veteran business outreach center initiative, which includes the Navajo Nation in its mobile outreach efforts and will have Native American business owners speaking at its next event.

On a motion duly made, seconded and unanimously adopted, the committees directed staff to draft legislation appropriating funds to the VSD for veterans' services and a mobile outreach vehicle.

Albert Shirley, a former New Mexico legislator, described the Navajo Nation as a "dead zone" for veterans' services from both the state and the federal government. He described problems with the Navajo Housing Authority and noted that certain federal appropriations to the Navajo Nation earmarked for veterans and for the homeless have not been spent to benefit those populations.

Tommie Yazzie, a veteran, spoke of problems with past outreach efforts in the Navajo Nation that were conducted entirely in English; the need for transportation assistance for travel to the VA hospital in Albuquerque; the merits of reinstating a system of alcohol ration cards; the need to upgrade the status of veterans who have been dishonorably discharged; and the need to pass legislation in the Navajo Nation Council to help veterans. He also seconded Mr. Shirley's concerns about the Navajo Housing Authority.

Paul George, a member of the Navajo Veterans Organization in Shiprock, spoke of staffing shortages at the Shiprock CBOC and the need for benefits counselors at the San Juan Regional Medical Center and the Rehoboth and Shiprock hospitals. He seconded concerns regarding transportation to the VA hospital and homeless Navajo veterans not receiving earmarked federal assistance. He also urged legislators to appropriate funds for planning and design of a veterans' cemetery in San Juan County.

Critical Issues for Providers Regarding Homeless Veterans

Teddy Nez, Homeless Vietnam Veterans, and David Begay, Ph.D., presented a white paper outlining points of concern and issues for homeless veterans. The four major concerns noted in

the paper center on the need for:

- long-term planning to serve at-risk veterans;
- a focus on housing for veterans, with policies developed based on local rather than national demographic data;
- better communication among providers, local governments, the Navajo Nation, the state and the federal government; and
- better attention to issues faced by female veterans, including military sexual trauma.

The presenters described the benefits of using traditional healing to help veterans and noted that the VA needs to expand its use of, and reimbursement for, this treatment method. They also called for a comprehensive study of homeless veterans and the services available to them and for full staffing at the VA facility in Gallup.

On a motion duly made, seconded and unanimously adopted, the committees directed staff to conduct an analysis of Mr. Nez's presentation and develop recommendations based on the issues presented in his white paper, to be shared with the Mortgage Finance Authority Act Oversight Committee.

Update on Veterans Helping Veterans

David Cuellar, founder of Veterans Helping Veterans, gave a presentation on his organization's efforts since its inception a decade ago to assist veterans not only in accessing VA and other services, but also with other issues. The group, which meets every other week in Gallup on Friday mornings, has grown to more than 1,500 members and draws meeting participants from as far away as Belen. The group has made a proposal to the legislature to fund publication of a catalog listing all entities statewide that provide services to veterans. It also suggests that the state more closely monitor the conditions faced by veterans in Gallup and other remote parts of the state. Such monitoring could be done by a veteran service officer, but no such officer is currently based in the Gallup area.

On a motion duly made, seconded and unanimously adopted, the committees directed staff to draft a letter to Secretary Hale recommending that he attend a meeting of the Veterans Helping Veterans organization.

Announcement

Representative Martinez announced that the Military and Veterans' Affairs Committee members and staff are invited to a reception on the evening prior to the committee's meeting scheduled for Silver City in late August.

Adjournment

The committees adjourned at 4:10 p.m.